

in increasing the nutrition. The author does not particularize with regard to its therapeutic application in diseases of the nervous system, which he says depends upon the general principles which he has stated, except to advise beginning to use it earlier in acute conditions (as poliomyelitis and cerebral hemorrhage), at which time he thinks the probability of getting appreciable results much greater. The form in which it is applied, galvanism, faradism, static or high-frequency currents, he thinks is mainly a matter of convenience, as each exerts to a greater or less extent the specific electric action. Galvanism, however, is specially marked by chemical effects, which may be according to circumstances, desirable or undesirable.

(IX., 1904, No. 20.)

1. Neuraxology and Neuraxopathology. HELDENBERGH.

Under the above title the author advances arguments for the study of psychology more strictly upon the basis of the normal and pathological anatomy of the nervous system. He lays special stress upon the relations of the cortico-pyramidal—or, as he prefers to call it, the psycho-cortico-pyramidal system, and the cortico-extrapyramidal system of fibers, the latter of which he regards as reflex and more or less involuntary, the former as voluntary and inhibitive in function. The study of the various mental and reflex phenomena, in the light of these relations, he suggests should form a new department, neuropsychology and neuropsychopathology, or shorter, “neuraxology” and “neuraxopathology.”

2. Contribution to the Symptomatology of Nodding Spasm. DECROLY.

The author reports the cases of four defective children of tender age who presented spasms of the above character, probably as an epileptic manifestation, and takes the occasion to discuss the nature of nodding spasm, about the relations of which there seems to be considerable confusion.

(IX., 1904, No. 21.)

1. Left Lateral Decubitus as a Means of Arresting the Epileptic Crisis. M. LANNOIS.

After hearing a communication, made by Crocq, at the recent Congress of Alienists and Neurologists of France, on the subject of his experience with this simple mode of treatment, proposed by McConaghy in the *British Medical Journal* for May 28, 1904, the author was led to try it in his epileptic wards. He did not have as brilliant results as Crocq, the manœuvre cutting short the paroxysm of epilepsy in only four out of twelve cases. He explains its action as due to interference with the return circulation from the brain by pressure upon the jugular vein of the opposite—the right—side, particularly through the tension of the omohyoid muscle, the brain in the first stage of the convulsion—the only time at which the method is useful—being anemic. Left lateral decubitus works better than right, since the right jugular vein is larger, and carries more blood than the left.

2. Traumatism and Alcoholic Delirium. H. MABILLE.

A short discussion of the relation of trauma, both physical and moral, to the outbreak of delirium in alcoholic subjects, with reports of three illustrative cases. In many instances the delirium seems to be due to enforced abstinence.

ALLEN (Trenton.)

ALLGEMEINE ZEITSCHRIFT FUER PSYCHIATRIE

(Vol. 61, 1904, Pt. 5.)

1. On Ganser's Symptom. R. HENNEBERG.

2. Occurrence of General Paresis in Families. A. MARC.

3. A Case of Brain Abscess with Katatonic Symptoms. K. SCHMIDT.

4. Simultaneous Appearance of Mental Diseases in Two Brothers and a Sister. F. SKLAREK and C. F. VAN VLEUTEN.

5. Statistics in Asylum Reports. A. KOLLER.

1. *On Ganser's Symptom.*—The symptom of "talking around it" ("Danebenreden" or "Vorbeireden"), that is, of reaction upon the part of the patient to questions, by replies which, though incorrect and generally silly, still bear some relation to the subject, has formed the theme of a number of communications during the past few years, though its entry into the symptomatology of mental disease is to be credited to Ganser. The author, who has studied this symptom in a number of different cases coming under his observation at the Berlin Charité, comes to the following conclusions: In its typical form he does not find it very common. In the great majority of instances it was observed in hysterical cases—for which, indeed, it was considered as specially characteristic by Ganser—and of these a number were under criminal charges; others were affected in sequence to a trauma. It was also observed from time to time in cases of katatonia, in maniacal exaltation and delirium, and in simulation. On the whole the author cannot think it a symptom of any one form of insanity. Considering its psychology, he calls attention to the fact that traces of it are often found in the speech of mentally sound persons under circumstances of great fatigue, sleep drunkenness, and when replying to what appear to them as foolish questions, deserving a foolish reply. A healthy person also, when asked to simulate insanity, will often reply to similar questions, much as a patient with Ganser's symptom. The possibility of simulation, intentional or not, is also to be considered, and when the well-known susceptibility to suggestion of hysterics is remembered, that the questions intended to bring out this symptom are well calculated to exercise such a suggestive effect, is not surprising. A person accused of crime is often and naturally anxious to appear ill and mentally unbalanced, and here the suggestive effect of time, place and circumstance, together with suitable questions, becomes overpowering. On the whole the author sounds a note of warning as to the necessity for care in the questions intended to elicit this symptom and for caution in its interpretation.

2. *The Occurrence of General Paresis in Families.*—As showing that heredity may play a rôle in the etiology of general paresis, even in the absence of syphilis, the author gives the histories of three families. In the first of these (Langer) the grandfather, great uncle, father, uncle, aunt, the patient under observation (George L.), his sister, cousin and son were affected with general paresis. In the second (Bott) the grandfather, father, aunt and patient studied (Anna E. née B.) presented this disease. In the third family (Haaf) brother and sister developed general paresis. The parents were healthy, but a paternal uncle was "temporarily insane." It is not uncommon to find general paresis in families presenting also other types of mental disease. The author mentions several combinations illustrating this.

3. *A Case of Brain Abscess with Katatonic Symptoms.*—Case of a woman of twenty-six years of age, with strong hereditary predisposition to insanity on the maternal side, always peculiar and below the normal mentally, who gradually developed symptoms of katatonic character, and died after nearly three years' persistence of the mental disease under symptoms of exhaustion. At the autopsy an abscess, about the size of a small hen's egg, was found in the left parietal lobe, with a few nodules (tubercular?) in the lungs. The author weighs the symptoms in an attempt to decide whether or not the abscess might have existed since the beginning of the disease and have determined the katatonic manifestations, but feels unable to draw any positive conclusion.

4. *Simultaneous Appearance of Mental Disease in Two Brothers and a Sister.*—A contribution to the subject of communicated insanity. The

eldest brother, thirty-five years old, developed hallucinations of sight and hearing with delusions of being persecuted by a fellow employee. He spoke continually of persons entering his apartments, to rob and to abstract papers valuable to him, remained awake at night to watch, and armed himself against the invaders. His ideas became so impressed upon his brother and sister that they developed similar delusions about robbers, etc., and finally one night, all the parties being convinced that they heard (and in the case of the elder brother *saw*) the intruders, made a violent attack upon a fellow occupant of the house, who was descending the stairs upon his way to work. For this they were arrested and sent to Dalldorf for observation. The hallucinations and delusions persisted in the case of the elder brother, but the condition of the younger brother and sister speedily cleared up, leaving only the evidences of congenital mental deficiency.

5. *Statistics in Asylum Reports.*—A plea for the introduction into asylum reports of statistics of more practical character and resting upon better established facts than the customary ones bearing upon alleged causes of insanity, heredity, etc., not to speak of those setting forth the number of eggs laid by the hens, or quantity of hay cut upon the farm. The author thinks that more could be gained by careful figures as to number of patients isolated, number in prolonged bath, under hypnotics and other drug treatment, how many employed, etc., and the percentage relation of these to the whole number in the asylum. He gives some illustrative tables from Cery Asylum, Lausanne, and compares their figures with the corresponding ones from other asylums.

ALLEN (Trenton.)

(Vol. 61, 1904, No. 6.)

1. The Biology of the Speech Apparatus. O. GROSS.
2. The Connection Between Aphasia and Insanity. O. ALBRECHT.

1. *The Biology of the Speech Apparatus.*—A study of the phenomena observed in aphasia, with an attempt to explain the connection of speech with other psychical functions upon biological and psychological grounds. The author pays special attention to the relation between gesture or sign language, and spoken and written language, and its impairment in cases of aphasia, four typical examples of this latter condition being described at length for this purpose. In the development of means of expressing wants and ideas, gestures undoubtedly were in earlier use than sounds, and they still play an important rôle in speech. The speech mechanism, receptive and emissive, is composed, not of a single sense apparatus, but of a synthesis of such apparatus, and in its function is closely connected the general mental processes, especially with the consciousness of one's own personality in relation to the outer world. Depending upon what part of this mechanism is disturbed, and the extent of such disturbance, compensation to a greater or less extent is possible. The author draws a distinction between physiological correction and biological correction, using the first term for the case in which the lost capability is again regained, the second for that in which the place of the lost capability is supplied to a greater or less extent by bringing into play another part of the speech mechanism, for instance, of conveying ideas by gesture language when the motor speech function is interfered with. Into the author's somewhat extended consideration of the psychological relations of speech it is impossible to enter here. He sums up in the following conclusions:—

1. "The sum of all the accomplishments of the organism which have relation to the common biological aim of understanding is a specific component of orientation, held together and regulated by a special system.

The ability to understand, to conceive and to reproduce explanatory actions as such, should be denominated signal orientation.

2. "The region of the brain called the speech field is to be considered as the center for signal orientation, and serves not alone audible speech, but accomplishes the binding together of all perceptive and reactive capabilities of all sense systems, in so far as these have relation to the single biological tendency to explanation.

3. "The common centralization of all possibilities of explanation causes the disturbance of gesture speech in aphasia from extended focal lesions.

4. "When in severe aphasias there are disturbances of gesture language, the disturbances of audible speech, and those of gesture language, appear as coördinated symptoms of focal disease.

5. "The more extended injuries of the center for signal orientation alter all psychical qualities, so far as these are related to the faculty of understanding.

6. "The self perception of aphasic symptoms is dependent especially upon the conceitibility of the components of the understanding.

7. "It is possible that the center for signal orientation is to be considered as the cortical representation of a subcortical apparatus, from which the impulse for the automatic actions of imitation of stimuli is set off, and that it may be the function of the cortical center through its intimate relations with the rest of the cortex to differentiate from these automatic actions signal orientation as a component of general orientation."

2. *The Connection Between Aphasia and Insanity*.—Aphasia and insanity may be combined in three ways: 1. Both are symptoms of a common cause. 2. The aphasia is a result of the mental disease. 3. The psychosis is a result of the preceding aphasia. The author discusses these relations at length, and gives full histories of two cases, illustrating the third manner of relationship. In each of these cases (both males and alcoholic) an apoplectic stroke had, as a result, the production of aphasia of mixed character, but chiefly sensory, to which hallucinations of sight and hearing, and possibly also of taste and smell, were added after its persistence for a considerable time, with the development of ideas of persecution, leading to the production of a paranoid state with increasing weak-mindedness. The author, after studying these cases, and reviewing the literature of the subject at some length, comes to the conclusion that this paranoid state originated psychologically from the change in consciousness of self by reason of losing touch with the outer world on account of loss of ability to understand and to express himself on the part of the patient, and might have as its anatomical basis changes proceeding secondarily from the focal lesion, or possibly from some obscure toxic influence connected with neurone degeneration.

ALLEN (Trenton.)

JOURNAL OF MENTAL SCIENCE

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1. Quantitative and Qualitative Leucocyte Counts in Various Forms of Mental Disease. BRUCE and PEEBLES.

2. Notes on Social Causes of Alcoholism. SULLIVAN.

3. General Paralysis and Crime. BAKER.

4. Acute Hallucinatory Insanity of Traumatic Origin. DRAPES.

1. *Leucocyte Counts in Mental Disease*.—This article embodies the result of careful and laborious and extended investigations, and appears to us to be most trustworthy. They take as a normal percentage in control the following: Polymorphonuclear, men, 70 per cent.; women, 60 per cent. Small lymphocytes, men, 20.5 per cent.; women, 30.5 per cent. Large lymphocytes, 8 per cent.; women, 7.5 per cent. Eosinophiles, 1.5 per cent.; women, 2.0 per cent. Mastzellen, .5 per cent. to 1 per cent. Acute melan-